



# EXEMPT STAFF TEACHING REQUEST FORM

**(FOR NON-FACULTY, FULL-TIME EMPLOYEES)**

This form is to be completed by non-faculty, full-time exempt employees requesting to teach part-time for Central Arizona College according to Policy 533. Supervisor’s approval and signature is required. Teaching assignments may not exceed 6 equated credit hours or two courses (whichever is greater) at any given time during a semester. During the summer, teaching assignments may not exceed 3 credit hours or two courses (whichever is greater) for each five-week session.

**EMPLOYEE NAME:**

**EMPLOYEE ID:** 880-

**SEMESTER:**

**YEAR:**

Please list **all** classes that you plan to teach for CAC.

| CRN | COURSE PREFIX, NUM, & TITLE | EQUATED CREDIT HOURS | DATES | DAYS | TIME | LOCATION | MODALITY (F2F, Online, Hybrid, etc.) |
|-----|-----------------------------|----------------------|-------|------|------|----------|--------------------------------------|
|     |                             |                      |       |      |      |          |                                      |
|     |                             |                      |       |      |      |          |                                      |
|     |                             |                      |       |      |      |          |                                      |
|     |                             |                      |       |      |      |          |                                      |
|     |                             |                      |       |      |      |          |                                      |
|     |                             |                      |       |      |      |          |                                      |

All classes should be taught outside the normal work hours. If classes are within normal work hours, an exception should be obtained from the supervisor and the list of the make-up hours should be attached with this form.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dean/VP Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**